

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E591		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2012	
NAME OF PROVIDER OR SUPPLIER VALLEY HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 400 12TH STREET PO BOX 189 VALLEY FALLS, KS 66088			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
F 309 SS=D	<p>The following citations represent the findings of a Health Resurvey and complaint #KS56422.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census of 33 residents. The sample included 10 residents. Based upon observation, record review and staff interviews the facility failed to assess the patency and/or blood flow of an arteriovenous (AV) shunt for 1 (#5) of 1 residents that received dialysis.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of resident #5's Physician Order Sheet (POS) dated 3/30/12 identified the resident had diagnoses that included: bipolar affective disorder, allergic rhinitis, seborrheic keratosis, tinea, hepatitis C, chronic obstructive pulmonary disease, emphysema, bronchitis, degenerative joint disease, onchocryptosis, chronic kidney disease stage 4, protenuria, equinus deformity of the foot, calcaneal spur, hyperlipidemia, and toxic neuropathy. <p>The resident's quarterly Minimum Data Set</p>			F 309			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	<p>Continued From page 1</p> <p>(MDS) with an Assessment Reference Date (ARD) of 3/6/12 identified the resident scored 15 (cognitively intact) on the Brief Interview for Mental Status, independent with all activities of daily living except personal hygiene, had renal insufficiency, renal failure or end stage renal disease, and received dialysis.</p> <p>The resident's Nutritional Care Area Assessment dated 12/10/11 documented the resident's weight fluctuated due to dialysis and advanced kidney disease.</p> <p>The resident's care plan dated 3/1/12 included the resident was at risk for altered nutrition related to chronic kidney disease Stage 4 and dialysis, staff checked the resident's AV shunt (type of access used for hemodialysis) in the resident's left wrist for a thrill and bruit every shift and recorded.</p> <p>Review of the resident's clinical record lacked evidence the facility had checked the resident's AV shunt each shift during the month of January 2012, February 2012, March 2012 and April 2012 (4/1/12 to 4/10/12).</p> <p>On 4/12/12 at approximately 7:15 A.M. licensed nurse D stated he/she was going to check the resident's AV shunt. At that time, licensed nurse D palpated the resident's left wrist and stated the thrill was present. Observation did not reveal licensed nurse D checked to ensure the bruit was present in the AV shunt. On 4/12/12 licensed nurse D confirmed he/she did not check the AV shunt for a bruit.</p> <p>During interview with licensed nurse C on 4/10/12</p>			F 309			

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F 309	<p>Continued From page 2</p> <p>at 10:00 A.M. the nurse stated the resident received hemodialysis on Mondays, Wednesday and Fridays.</p> <p>During interview with licensed nurse D on 4/11/12 at approximately 2:15 P.M. the nurse stated staff checked the resident's AV shunt each shift and recorded the results on the resident's treatment administration record (TAR). Licensed nurse D reviewed the resident's April TAR and confirmed the resident's April's TAR did not include the facility had checked the resident's AV shunt each shift.</p> <p>During interview with licensed nurse C on 4/11/12 at 3:00 P.M. the nurse stated the resident was hospitalized the latter part of November 2011, the resident's December 2011 TAR included the staff checked and recorded the result of the thrill and bruit of the resident's AV shunt each shift but since December 2011 the resident's TARs did not include the staff checked the patency of the resident's AV shunt each shift.</p> <p>On 4/12/12 at 7:40 A.M. nursing administrative staff C stated the facility did not have a policy or procedure for dialysis including how to check adequate blood flow in an AV shunt/fistula.</p> <p>During interview with nursing administrative staff B on 4/12/12 at approximately 10:30 A.M. the staff stated the staff should check the patency of the resident's AV shunt each shift, and record the result of the thrill and bruit each shift. Nursing administrative staff B stated staff could palpate the resident's left wrist for the thrill, staff needed to use a stethoscope to check for the bruit at the AV shunt site, and stated the shunt was located</p>			F 309			

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F 309	<p>Continued From page 3</p> <p>between the resident's wrist and elbow (left arm). Nursing administrative staff B confirmed the resident's care plan included the facility was to check the resident's AV shunt for a thrill and bruit each shift and record the results.</p> <p>The facility failed to check and record the patency and/or blood flow each shift for this resident that received hemodialysis 3 times a week.</p>			F 309			